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ABSTRACT

The goal of the second year of the Family Employability Development Plan (FEDP) was to increase the number of sites participating in the project implementation. FEDP was developed as part of the Job Training and Partnership Act (JTPA) 8% State Plan. Its major focus was to provide a coordinated service effort for families in Michigan who were dependent on public assistance in an effort to promote the economic independence of the families. Ten new sites implemented the model during the second year. Program providers had little difficulty in recruiting participants. Facilitators identified existing assets and barriers to employment for the family unit. Barriers were characteristic of hard-to-serve families. Each model that was implemented contained these key components: family identification and recruitment, assessment of family and individual attributes, family problem-solving and goal setting, case conferences with other service agencies, meetings with the family to monitor progress, and follow-up. FEDP facilitators engaged in these types of activities: direct contact, advocacy, administration, family intervention, in-home visits, counseling, and family interviews. Outcomes included completion of various levels of education and training programs, increased employment, and greater self-esteem for individuals and families. (Instruments and findings are appended.) (YLB)

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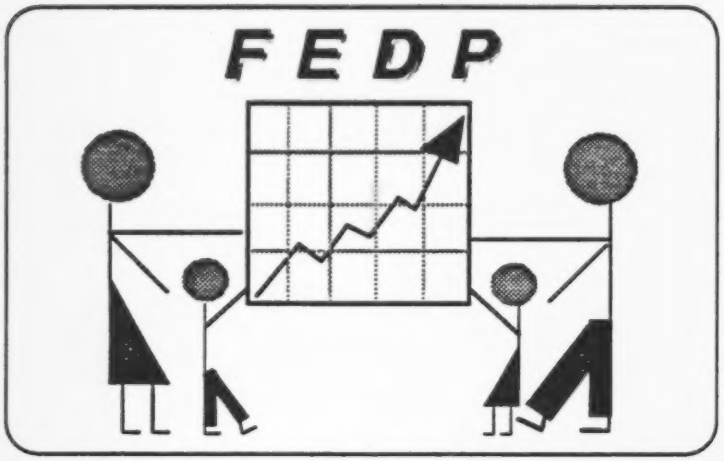
Program Evaluation
for 1987-88

FAMILY EMPLOYABILITY DEVELOPMENT PLAN



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FAMILY EMPLOYABILITY DEVELOPMENT PLAN

Evaluation Summary

of the

Second Year of the Pilot Program

(Program Evaluation for 1987-88)

October 1988

This report was prepared for the Division of Adult Extended Learning Services, Michigan Department of Education, Lansing, Michigan.

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Family Employability Development Plan (FEDP)
Pilot Program Year Two

This is a summary of the second year of the Family Employability Development Plan (FEDP) pilot program sponsored by the Michigan Department of Education. The FEDP was developed as part of the Job Training and Partnership Act (JTPA) 8% State Plan. The major focus of the FEDP pilot program is to provide a coordinated service effort for families in Michigan who are currently dependent upon public assistance in an effort to promote the economic independence of these families.

The process is mediated through a local service provider or facilitator who develops short- and long-term goals with the family unit and acts as a broker between the family and other service agencies. It was expected that as a result of this process, participating family members would experience more cooperation and positive relationships within the family unit.

Review of the First Year

The formative nature of the first year of the pilot program provided for a large degree of variation in the actual implementation of the FEDP at the various participating pilot sites across Michigan. These variations were a product of the nature of the agencies which chose to participate in the project as well as the region served by the agency. No specific guidelines for the implementation of the FEDP was provided. Each facilitator developed their own proposal for activities under this pilot program.

First Year Pilot Sites

The project was initiated on October 15, 1986. Under the proposed guidelines for the first year, recruitment of families into the program was to end by March 31, 1987. The first year budget allocated $1000 per family, for a total of 50 families distributed among the seven pilot sites. Recruitment went beyond the recommended completion date, and a total of 63 families were served during the first year of the program. Each site exceeded their quota. The families were distributed among the seven initial pilot sites as follows:

12	Mason County Central Schools
11	Mid Michigan Community College
11	Grand Rapids Public Schools
10	Washtenaw Community College
7	Marquette-Alger Intermediate School District
6	Iron Mountain Community Schools
6	Baldwin Public Schools

These sites represented a challenge for the robustness of the FEDP

concept, given the variations in their locations, client populations, available resources, training of service providers, and sponsoring organizations within which implementation of this program occurred.

FEDP Advisory Council

The FEDP Advisory Council was formed as a working group by the Michigan Department of Education for the purpose of clarifying the objectives for the first year of this pilot program. It was comprised of representatives from each of the pilot sites as well as from the Michigan Department of Labor and the Michigan Department of Social Services. This group developed a generic plan for the pilot program to ensure minimal standards for the adoption of the program at each site.

Selection Criteria

The focus of this pilot program was the family as an economic unit. Criteria for the selection of families appropriate for this pilot project were assembled by the FEDP Advisory Council. The four necessary conditions for participation were:

(a) two or more related individuals and significant others;
(b) voluntary participation by the family;
(c) at least one family member is JTPA eligible;
(d) there are obvious barriers to successful outcomes.

Services provided as part of the FEDP program have an impact on three distinct groups: the individual FEDP client in each family around whom the employability development plan is negotiated; family members who are involved in this collaborative effort; and representatives from the agencies serving the client and family in the coordination of service delivery.

Outline for the Generic FEDP Model

Deliberation by the Advisory Council generated a format for the activation of the FEDP model program at each site, in an effort to establish some generally agreed upon principles. This generic FEDP format includes:

(a) families recruited for the project should voluntarily agree to take part in the program and should have a reasonable desire to achieve economic self-sufficiency.

(b) assessments should include the whole family unit and not just the client of the program.

(c) the family unit and the facilitator devise a joint outline of short- and long-term family goals. This effort may include family intervention and instruction as needed to facilitate problem-solving, planning, and cooperation.

(d) case conferences with relevant service agencies should

be held to coordinate service delivery and enhance the family development plan.

(e) a follow-up evaluation meeting between family members and the facilitator should be planned to determine the success of the FEDP approach.

Criteria for Success

The Advisory Council suggested a set of criteria for judging the success of the FEDP program which encompass the JTPA determinations of positive outcome. These criteria are:

1. Completion of youth/adult competencies,
2. Youth/adult job placement
3. Development of a short-term and long-term family plan,
4. Completion of the family short-term plans,
5. Resolution of barriers to success,
6. Cooperation of interagency staff in achieving the above.

Summary of the First Year of the Program

1. The providers at the pilot sites experienced little difficulty in recruiting families for the FEDP pilot project, even though this was a program new to both facilitators and clients alike. The reason most often cited by family members willing to participate was a desire to become more financially independent. Similarly, low motivation to lose public assistance was a common reason for those who did not want to join the program.

2. One-third of the participating families were of minority status. Approximately half of the families were headed by a single parent.

3. The most common barriers faced by these families in their effort for self-sufficiency include: limited job skills or work experience (100%), lack of transportation (60%), chronic unemployment and long-term welfare (54%), no financial plans and/or large debts (54%), and child care needs (51%).

4. The assessment procedures used by the program providers varied across the sites. Most (79%) used some form of family assessment procedure. Individual assessment procedures were more often used (84%). The individual assessments covered areas such as career interests, basic skills and aptitudes, values, and job searches.

5. Services provided for clients and their families as part of the FEDP pilot program can be categorized as follows:
   92% families received social support via FEDP, from the provider and/or other FEDP families,

87% families were instructed in family and group problem solving skills through modeling by the provider,
87% families received case management and coordination,
86% families/members were enrolled in education or job training programs by through the provider's efforts,
83% families received benefits or services via advocacy on the part of the provider,
67% families received career planning or guidance.

Not all of these services were provided directly by each service provider, although in many cases the provider was responsible for coordinating the delivery of services or completing the initial assessment of needs.

6. The nature of the inter-agency linkages set up at each of the FEDP pilot sites varied. The ideal situation described in the original FEDP position paper suggested a case-conference format where the service provider would meet regularly with other agency representatives to discuss the coordination of client services. Only two sites actually developed a regular case coordination conference among the representatives of several agencies. The most frequent inter-agency linkages were simply telephone contacts among agency personnel trying to identify resources for their clients on an "as needed" basis as the most expedient method of accessing resources.

7. The short-term goals most often specified were selection of a career (50%), completion of high school or job training (50%), and work experience (45%).

8. The long-term goals most frequently listed included the development of support and encouragement within the family (55%), employment (45%) and increased personal confidence and self-esteem (40%).

9. Only 10 families dropped out of the program after their initial acceptance and participation. Serious family problems and circumstances within the clients' lives accounted for a majority of the drop-outs.

10. The role of the service provider is highly varied. Based on activity logs of the service providers: 44% of the activities were related to direct intervention with the clients and families, 42% involved advocacy for the clients and families, 8% involved in-home visits for follow-up, support and monitoring of progress, 3% were related to initial interviews with families during recruitment and assessment, and 3% were classified as "other" and included group activities with the families, completion of reports, consultations and meetings.

11. The FEDP program was rated as most effective in resolving barriers related to job experience and work skills, child care

needs, and school drop-out. The program was least effective addressing issues of dislocated workers, older workers, minority status and communication problems.

Family Employability Development Plan (FEDP)
Pilot Program Year Two

The goal of the second year of the program was to increase the number of sites participating in the implementation of the project. This would provide more information about the generalizability of the model. In addition, it would permit further information to be collected about the clients involved in the program, the role of the facilitator and the FEDP process.

Program Pilot Sites

Ten sites have implemented the FEDP model during this second program year. Three new sites were added to the original seven sites which participated in the first year. Six of the sites are associated with local school districts; four pilot programs are operated from community colleges.

The following is a brief description of the second year pilot sites.

Mid Michigan Community College. The college has an enrollment of over 2,000 students and is located in a county of 22,000 residents. The college has served as the coordination site for the pilot project. The staff consists of the coordinator and the FEDP facilitator, who has a B.S. in Education. The facilitator is experienced in alternative education programs.

Mason County Central Schools. Mason county has a population of 27,000 residents. The provider has a B.S. in Business Administration and is associated with the Community Education division of the school system. In her capacity as Project Director for MOST, she is responsible for providing Job Club services to clients at the local Department of Social Services office.

Dickenson County Community Schools. This county of over 26,5000 residents is served by one FEDP provider with a B.S.W. She works with the school-based teen parent program and alternative education programs. Program services are also offered in conjunction with the local older workers program.

Marquette-Alger Intermediate School District. The combined population base of Marquette and Alger counties exceeds 80,000. Two counselors are contracted for the FEDP program at this site. In the past, the nature of their funding prohibited direct service delivery to adults, however the breadth of FEDP provides for expanded service delivery through the involvement of family

members.

Baldwin Community Schools. Baldwin is a community of about 1,000 residents located in Lake County which itself has a population of approximately 10,000 people. The public schools in the region serve 1,100 students. The FEDP provider has a degree in Business Management and training in Community Education and is the JTPA 8% coordinator. The smaller population base of the region permitted the development of a functional interagency group for coordination in the delivery of social services. The group is comprised of representatives from mental health, substance abuse, JTPA, social services and the school district.

Grand Rapids Public Schools. Grand Rapids with a population of approximately almost 340,000 is a major metropolitan area. The region of Kent County has a population base of a half million people. The public school district is comprised of over 60 schools with a K-12 enrollment of exceeding 25,000. The service provider works through the Community Education division, as a Family Intervention Worker.

Washtenaw Community College. The college has an enrollment of almost 10,000 students and is located in Ann Arbor, which has a population of 120,000, accounting for almost half of the county's population. The FEDP program is contracted through the Adult Resource Center (ARC). The program is staffed by two facilitators with additional support staff.

Highland Park Community College. The college has an enrollment exceeding 2,000 students and is located in the City of Highland Park which has a population of 27,000 residents. The college is located in Wayne County which has a population base of over two million people. The college has made major efforts in developing out-reach and special education programs for the area and is a new site this year for FEDP.

Suomi College. Located in Hancock with a population of 6,000 residents, the college has an enrollment of 800 students. Houghton County itself has a population base of approximately 39,000. This is the first year of the FEDP program implementation at this college.

St. Clair County Intermediate School District. St. Clair County has a population base of over 140,000 residents and serves Port Huron and the surrounding communities. This is the first year of implementation for the FEDP pilot program in this region.

Recruitment for the FEDP Pilot Program

Program providers have little difficulty in recruiting participants for the program. Of the 128 families participating in the pilot program this year, 107 families were new to the program,

recruited this year. The remaining 20 families were carried over from the first year of the pilot project. The remainder of the report will be based on information provided for the families recruited for the 1987-1988 program year, that is, the new families.

A total of 197 families were approached to participate in the program. Information is available for 49 families regarding their reasons for not wishing to enroll in the program. Several of these families initially agreed to participate but when approached for intake and assessment declined. Below is a list of the reasons given by these 49 families:

Number	Reason Given by Family
7	Were not eligible for the program
6	Family had a change in status or emergency which precluded participation
5	Family no longer needed outside help
5	Family didn't follow through, lack of communication
5	Fears and misconceptions about the program
4	Family had multiple problems, prohibiting FEDP
3	Families were proud and didn't want help
3	Families had multiple disabilities
3	Families felt like they were being invaded
2	Families with major mental health problems
2	Had limited, specific needs better served elsewhere
2	Little motivation, did not want to work
1	Drug addiction
1	Family changed mind, no other reason given

Several sites reported that families were turned away by the service provider because of a lack of resources when too many families accepted the offer to participate in the program.

The reason most often cited by those families who accepted the offer to participate was a desire to gain self-sufficiency or increase their family's economic independence. This accounted for 82% of the participating families. Almost half of these families also recognized that without outside assistance their family could not initiate this process. Approximately 10% of the families indicated that they wanted to receive vocational training or improve their current job skills in order to improve their chances for finding a job.

The second year of this pilot program was initiated in the fall of 1987 and concluded at the end of the 87-88 school year. The numbers below reflect families recruited for the FEDP program at each site. In many sites (eg. Grand Rapids Public Schools, Washtenaw Community College, Mason County Central Schools) clients in other programs received partial services under FEDP or have other short-term involvement with this model. As an example, all of the participants in the "Up and Out" program in Mason County

also participate in a program modeled after the FEDP program. Grand Rapids Public Schools uses aspects of the family approach and the family assessment to work with many of their adult clients in their community education programs. Colleges implementing the program may offer special classes or groups which are open to clients in other service programs.

FEDP Pilot Site	Number of Families
Dickinson County Community Schools	17
Marquette-Alger Intermediate School District	7
Washtenaw Community College	15
Mid Michigan Community College	17
St. Clair County Intermediate Schools	16
Suomi College	8
Baldwin Community Schools	8
Highland Park Community College	11
Grand Rapids Public Schools	16
Mason County Central Schools	13
Total:	128

Thus the actual impact of the adoption of the FEDP at each site is often broader than the number of clients recruited for the pilot program. Many aspects of the model can be appropriate in a wide variety of situations. Service provided as part of the model can be offered to other clients as needed.

Characteristics of the Participating Families

Each facilitator was asked to provide background information about the participants in the program. This information included demographic data, employment and education characteristics, and the types of public assistance received. Complete assessment information was available for 93 (87%) of the 107 new families recruited this year. Based on this information, the following picture of the FEDP families can be painted.

RACE. The ethnic/racial distribution of the families was mixed with 63% of the families white, 29% black, 4% Hispanic and 4% American Indian. Just over one-third of the families were of minority status.

GENDER. Within each of the participating families, there is a designated primary client. This is typically the first person approached about participation in the program. Seventy-nine percent of the primary clients in the FEDP pilot program were women.

AGE. The mean age of the primary clients participating in the program was 31.7 years. A total of 67% of the primary clients were 20 to 40 years of age. A quarter of the clients were older than 40 years of age, with one client more than 60 years old. The

remaining clients were less than 20 years old.

FAMILY SIZE. The families ranged in size from 2 to 14 members. The distribution of family sizes indicates that the modal family had three members. Specifically, 29% of the families had 2 members, 33% had 3 members, 20% had 4 members, 9% had 5 members, 5% had 6 members, and 5% had 7 or more members.

HEAD OF HOUSEHOLD. Fifty percent of the families for which intake information is available were headed by a single adult parent. Of the remaining families, 43% were two-adult parent families and 7% were teen parent families.

PUBLIC SUPPORT PROGRAMS. Enrollment in a wide range of public assistance programs was assessed at the time of intake. These programs are listed below as well as the proportion of clients enrolled in the programs and the mean length of enrollment (when the information is available).

Support Program	Percent Enrolled	Average Length of Enrollment
WIC	35%	23 months
ADC	75%	63 months
General Assistance (GA)	24%	-----
Food Stamps	86%	57 months
Medicaid	79%	65 months
Social Security	18%	-----
Supplemental Security Income (SSI)	18%	-----
Surplus Food Program	36%	33 months
Pension	16%	-----
Worker Compensation	17%	-----

EMPLOYMENT HISTORY. For those clients who were unemployed at the time of entry into the program, it had been an average of 32 months since last holding a job. The average duration of the last job held was 14 months.

EMPLOYMENT STATUS. Eighty-five percent of the FEDP clients were not employed at the time of entry into the FEDP program. In accounting for the remaining 15%, 9% were employed part-time and 6% were employed full-time.

Those employed full time at intake listed the following occupations: salesperson, dayworker, custodian, laborer, and drywaller. Among the part-time participants, artist, workstudy student, food service worker and seamstress were the occupations listed.

ACADEMIC STATUS. Almost half of clients (47%) were not involved in any education or training program at the time of intake. Thirty-eight percent were enrolled full-time in an

education or training program while the remaining 15% indicated part-time enrollment.

The following is a list of the number of people enrolled in education or training programs at the time of intake.

Program Name	Full-time	Part-time
Community College	11	6
Teen Parent Program	7	0
Education	4	1
Word Processing	2	0
Health Care Technician	0	2
GED/High School Completion	1	2
Accounting	1	0
Licensed Practical Nurse	1	0
Pre-social Work	1	0
Auto Mechanics	1	0

INVOLVEMENT WITH OTHER LOCAL AGENCIES. At intake, facilitators determined the number of other local service agencies which might be involved with the client. The Department of Social Services (DSS) is the agency listed most frequently in this list. The average length of prior contact with DSS at the time of intake is 5.5 years. Below is a list of local service agencies and the percentage of clients indicating that they had contact with each agency.

Local Services	Percentage of Clients
Social Services (DSS)	89%
Community Mental Health	41%
Community Schools	37%
Community Colleges	48%
Vocational Rehabilitation	43%
Community Education/Job Training	40%

Assets and Barriers of the Participating Families

FEDP facilitators were asked to identify existing assets and barriers to employment for the family unit. The barriers facing these families are characteristic of "hard to serve" families. These assets and barriers were categorized under seven major headings. The items comprising each of the seven major areas are described below.

Personal Considerations: citizenship; criminal record; probation record; valid driver's license; garnishments-litigation; discrimination; had adequate immediate income; adequacy of current housing; food; medical-dental care; child care; transportation.

Health: eyesight; speech; hearing; general health status;

dental health; mental health; evidence of addictions; chronic health problems; and ability to sit, stand, bend and lift

Work Orientation: desire to work; enthusiasm for work; self-directedness; work motivation; interest in personal development, program benefits, reducing dependency; realistic work expectations; feeling of economic responsibility; sufficient potential earning capacity.

Career Planning Skills: Awareness of personal values, capabilities, available jobs, training programs, need to make career decisions; goals for advancement; competitive through wage requirements, shift requirements, work flexibility, geographical preferences; ability to make plans & decisions.

Job Seeking Skills: understands employer's expectations; good work history; can complete job application; presentable appearance; communication skills; personal presence; recent work experience; can describe self; knows job objectives; wants to job search; knows how to job search; has resources for job search.

Job Adaptation Skills: Work attributes or deficiencies related to good attendance; punctuality; performance under supervision; adequate work production; adequate work quality; works well with coworkers; follows directions; accepts responsibility; demonstrates dependability; knows how to advance on the job; demonstrates pride; willing to learn.

Education and Training Credentials: Ability to read; write; perform computations; spell; study; learn; has GED; has advanced training or OJT; has training related to job goal; interest in enhancing credentials; values lifelong learning; has necessary licenses or certification.

Each of the seven major areas is comprised of twelve items: each client can be scored on the number of barriers and assets within in each domain. The number of characteristics rated by the facilitator as a barrier to the client can be subtracted from the total number of assets for the client. This represents the balance of barriers to assets. The score which results can range from 12 to -12. A positive score indicates that the assets outweigh the barriers, whereas a negative score indicates that there are more barriers than assets within this area.

Table 1 below indicates the percentage of clients with predominant barriers or assets for each of the seven domains. The data indicate that all of the clients had more assets than barriers among the twelve items listed as personal considerations (described above). This category included items such as pending litigation, transportation or driver's license. Only a small number of clients (1%) had as many assets as barriers among their personal

considerations. Health and job adaptation skills were two other areas where a majority of the clients possessed more assets relative to the barriers.

Almost half of the clients had more barriers than assets in the areas of career planning (44%) and job seeking skills (42%). This represents major problem areas to be addressed as part of the FEDP. Approximately a quarter of the clients have major barriers in the areas of work orientation (28%) and education and training (22%).

TABLE 1: Percentage of Clients With Assets and Barriers at Intake

	B A R R I E R S				A S S E T S		
Score	High (9-12)	Medium (5-8)	Low (1-4)	0	Low (1-4)	Medium (5-8)	High (9-12)
Personal Considerations	0	0	0	1	24	51	24
Health	0	1	0	4	10	24	64
Work Orientation	7	7	12	6	9	28	31
Career Planning Skills	24	13	7	4	16	6	30
Job Seeking Skills	13	13	16	7	21	7	23
Job Adaptation Skills	4	0	6	0	9	15	66
Education & Training	7	6	9	13	21	21	23

Aside from these overall indicators of assets and barriers, many of the individual items which make up these scores are of interest. For example, while all but one of the clients had more assets than barriers among the items listed under personal considerations, income adequate to pay for a training program was listed as a barrier for 78% of the clients and as a critical barrier for another 4% of the clients. Similarly, child care and transportation were listed as a barrier or critical barrier for over half of the program participants. Thus the specific barriers which characterize this group is best understood by examining the individual items.

Table 2 presents the items which are listed as a barrier for at least 25% of the participants. Each row totals to 100%: the first column indicates the proportion of clients for whom this item is an asset to employment, while the second column represents the percentage for whom this is a deficit or barrier to employment. The last column indicates those for whom this is a critical barrier. A complete list of all of the asset/barrier items and their incidence rates is provided in the appendix.

Table 2: Predominant Barriers at Intake

	ASSET	BARRIER	CRITICAL BARRIER
Income for training	18%	78%	4%
Has training related to job goal	30	69	1
Flexible geographic preference	31	64	4
Has adequate training for goal	30	63	7
Has licensing required for job	34	63	3
Has advanced training	34	63	3
Knowledge of job search	34	61	5
Recent work experience	31	57	12
Competitive wage needs	40	57	3
Resources to conduct job search	40	55	5
Competitive shift preference	46	54	0
Competitive work history	40	52	7
Has ability to direct self	43	52	4
Needs to make career decision	46	52	2
Realistic occupation goal	45	51	4
Competitive in work flexibility	48	51	1
Has ability to make decisions	48	49	3
Transportation	40	48	12
Child care	46	46	7
Can describe own assets/skills	51	46	3
Has advancement goals	54	46	0
Has higher earning potential	52	43	4
Sees need for lifelong learning	55	43	2
Has ability to plan	55	42	3
Realistic education goal	57	40	3
Realistic work expectations	55	39	6
Values education and training	64	36	0
Personal interest	66	34	0
Has enthusiasm	66	34	0
Willing to conduct job search	66	34	0
Personal presence/mannerisms	61	33	6
Has support from friends	63	31	6
Understands employer expectation	64	31	4
Has motivation	69	30	1
Has basic education (GED)	70	30	0
Personal values	70	30	0
Wants self development	72	28	0
Knows how to advance on job	69	25	6

Of the 84 items listed in the assessment of assets and barriers, 38 (45%) are listed as a barrier for at least one in every four participants in the program. The items comprising the list describe clients who: lack the education, training or certification for their job goal; do not have the resources for seeking a job; and who have circumstances which limit their competitiveness with others seeking jobs. These deficits in career planning and job seeking resources represent the traditional avenues for intervention job training and adult vocational programs.

In the first year of this project, child care was identified as a barrier of interest to many service and governmental agencies. The data for the second year of the project indicate that problems obtaining child care affects over half of the families. For 12% of the families, this was listed as a critical barrier. Child care was defined as a child care facility, family member or friend willing to care for children and trusted by the family. Three factors were examined with respect to childcare: availability, cost and transportation to the facility. They were rated as "very limiting", "somewhat limiting" or "slightly limiting".

The availability of adequate child care was rated as very limiting to the family by 33% of the clients for whom child care was an listed as a barrier. Additionally, one-third of the clients rated child care availability as somewhat limiting and another third indicated that availability was only slightly limiting to the family. Families were equally divided with regards to the degree to which the availability of child care was a problem.

Among those clients for whom child care was an issue, half (51%) indicated that the lack of money to pay for child care was very limiting to the family. An additional 42% indicated that money for childcare was somewhat limiting. Funds for child care were not very limiting for 7% of the families. Families who rated lack of money for child care as very limiting were also three times more likely to indicate that adequate child care was not readily available in the area.

The availability of transportation to the child care facility was less of a consideration for most families. Only 35 (42%) of the families for whom child care was listed as a barrier indicated that transportation as an underlying factor. However, for those families where transportation was an issue, it was rated by most clients as either very limiting (40%) or somewhat limiting (40%).

Other assets and barriers were considered in characterizing these families at their entry into the program. Most families either had a telephone in their home (80%) or had access to one close-by (11%). Only 9% did not have relatively easy access to a telephone. Heavy debts were a significant problem for 33% of the

families involved in this program. Problems with teenage pregnancy and parenting were identified as major barriers limiting the success of 28% of the families. Since less than 10% of the participating families were headed by teenagers, this figure indicates that the needs of pregnant teenage family members and their children limit the opportunities of other family members. Twenty-three percent of the families had marital conflicts which limited their potential for economic sufficiency. Family conflict was listed as a barrier for one in every five families. For 22% of the participating families, age was listed as a barrier: a family member was less competitive because he/she was an older worker.

Components of the FEDP Model

The FEDP was envisioned to provide coordinated service delivery to families as an economic unit to facilitate their achievement of greater financial independence. The goal was mediated by local service providers at seven pilot sites in Michigan; their role was envisioned to be a combination of problem-solver, family facilitator, resource broker and advocate. As described earlier, no formalized guidelines were issued during this project. A series of principles were agreed upon during the first year to provide a generic framework for the implementation of the project at each of the sites. Each service provider was encouraged to develop their own customized model for the implementation of the FEDP suitable with the demands of the organization and community.

Each facilitator outlined a proposed model for their local FEDP implementation. A review of the proposed models indicates that in following the basic principles established by the Advisory Council the structural aspects of the FEDP programs were similar. Part of this similarity can probably be attributed to the nature of the organizations in which implementation was taking place. As educational institutions the problem focus, available resources and prior experiences of those involved emphasized skill-based and career planning interventions. In addition, the choice of programs involved in adult extended education as pilot program sites also worked to create a more homogeneous group of agencies. Many of the differences found across sites were related to available resources and process differences in the delivery of the program.

Each of the service providers submitted a proposed model for the FEDP program at their site. Each model contained the key components as described by the Advisory Council:

a. family identification and recruitment,
b. assessment of family and individual attributes,
c. family problem-solving and goal setting,
d. case conferences with other service agencies,
e. meetings with the family to monitor progress,
f. follow-up.

Client Referral Sources

Information on the sources of client referral and assessment procedures were provided for 95 participating families. According to data provided by the sites, 91 (97%) of the families involved in the FEDP process were participating voluntarily. No data were available to explain the circumstances of the four other families. When asked to assess how many families had a true desire to achieve economic sufficiency, the service providers indicated that 82 (86%) were motivated. Almost all of the families involved with this pilot program were participating voluntarily, with a majority motivated toward increasing their level of sufficiency.

The importance of a family-oriented intervention was illustrated by the report that 57 (60%) of the clients served by the FEDP were involved in a family situation where career goals and/or personal development were restricted by other members of the family. These data are based on reports by the service providers, and illustrate the social context within which family members experience the numerous barriers previously identified. The scenario created is one of a lack of resources, a lack of supportive structures and a lack of the skills necessary to access available services.

Numerous programs were listed as referral sources in the recruitment of participants for the pilot project. Department of Social Services offices and JTPA programs were the sources most often listed.

Twenty-three of the families (26%) had a member receiving assistance from a community schools staff person prior to their involvement with the FEDP program. Similarly, seven families had a family member involved in a JTPA youth program at the time of recruitment. One site noted that after recruitment into the FEDP program, all of the participating families had an enrolled member in youth programs.

Table 3: Referral Sources for Client Recruitment

Referral Source	Families (%)
Department of Social Services	29%
JTPA Programs	27%
Community Colleges	17%
Community Schools	12%
MRS	7%
Walk-in clients	7%
Probation offices	1%
MESC	1%

Clients were recruited from a larger variety of sources, compared to the first year of the program. With a single

exception, each site recruited clients from more than one source. During the first year of the pilot program, 90% of all families were identified through the site agency itself; only 10% were from alternative referral sources.

Assessment of Clients and Families

The assessment of most families (80%) participating in the project was comprised of two phases. There was a less structured assessment procedure designed to determine the strengths and weaknesses of the family unit with respect to a goal of coordinated action to increase economic sufficiency. In addition, more formalized assessment procedures were used with individual clients to aid in the determination of their aptitudes and interests.

Family assessment procedures were used during the assessment of 51 (54%) families. In many cases, this family assessment was not based on a standardized format, but rather was conducted according to either the current practice of the service providers or the family assessment form provided as part of the PY86-87 evaluation materials. The validity of a family assessment depends on the willingness of family members to participate in the process. For 66% of the families, all eligible (adult and teen-age) members were present for the assessment. For the remaining 34% of the families, at least one members was unwilling or unable to take part in the process.

A wide variety of individual assessment procedures were used with members of the participating family. Among the assessment procedures used were:

51%	Basic skills and aptitude tests
21%	Strong-Campbell Vocational Interest Inventory
8%	Personality assessments
26%	Other assessment forms, eg. USES, MRS, CAI

Based on reports from the service providers, the assessment procedures used as part of the intake for FEDP participants were helpful in the clarification of needs for all of the families. In addition, the procedures were useful in: (a) determining barriers for 81% of the families; (b) identifying resources for support services for 75% of the families; and (c) promoting the development of an action plan for 86% of the families.

Supplemental procedures were used in an effort to clarify family needs/resources or to foster the development of a family plan for 22% of the participants. This information was often used in conjunction with school system records as well as evaluations from Community Mental Health, Michigan Vocational Rehabilitation and other local agencies.

Acceptance of Family Cooperation

Perhaps the most essential component of the FEDP process is the involvement of family members in a cooperative agreement toward problem-solving and goal-setting. The assumption that all families who participate in the program consent to this cooperative philosophy is not valid. In assessing the families willingness to engage in cooperative planning, the facilitators indicated that only 63 families (66%) agreed to work together as a group for common goals. Aside from facilitating this cooperative effort, service providers also worked to counsel, educate and model new behaviors for the family members. Within this context, the FEDP service provider had a wide range of potential tasks or responsibilities depending on the needs of the family and their willingness to try.

In meeting with the families, issues of location, available transportation and distance from the agency were a consideration for the family. Service providers were asked to indicate the preferred or convenient meeting places used by families in this project. The family home was listed by 29% of the families as the preferred place for meetings. The most preferred location was school meeting rooms as indicated by 53% of the families. Other public facilities were the meeting place for 17% of the families.

Agency Coordination

All of the families involved in the FEDP process had a history of involvement with local service agencies. As indicated previously in the characteristics of the participating families, 86% participated in food stamp programs, 79% were enrolled with Medicaid and 75% received ADC payments. Historically, the coordination of services between education and social service programs has been inconsistent, and has been influenced by a large number of factors. Conversely, some families did not know how to access the services available to them, thereby reducing the availability of appropriate resources for their use. One goal of the FEDP process was the linkage of the local agencies for a coordinated service effort.

An indication of the success attainable via the facilitation process of the FEDP project is the finding that 82% of the families became involved with other agencies as a result of their participation with FEDP.

The nature of the inter-agency linkages set up at each of the FEDP pilot sites varied. The ideal situation, as described in the original FEDP position paper suggested a case-conference format where the service provider would meet regularly with other agency representatives to discuss common clients and the coordination of the services received by the client and family. This scenario did not occur at all of the sites. Based on the available information, only two of the sites actually developed a regular inter-agency

conference. One of the two sites where this was occurring was a new urban program site for this second year of the project. The other site was involved with this process in the first year of the pilot in a county setting. For most programs, this component was not implemented as planned. As described by one FEDP facilitator, "the concept [of interagency meetings] crashed and burned".

Twelve families actually participated in monthly interagency meetings for the coordination of service delivery at these two sites. The facilitators at the two sites indicated that all 12 families derived benefits from this meeting process.

The most frequent inter-agency linkages were telephone contacts among agency personnel trying to identify resources for their clients on an "as needed" basis. This was viewed as the most expedient method of accessing resources. At several sites the facilitator reported that telephone contacts were supplemented with informal contacts with representatives from other agencies.

The number of programs and resources accessible to providers varied with the location of the site. The linkages available to providers included social service agencies, individuals, local businesses, churches, schools and volunteer groups. For large urban sites, there were 25-50 organizations and individuals listed by the provider as available to assist FEDP families. In the sites located in smaller communities the number of available agencies was smaller, numbering 15 or less.

The implementation of the FEDP process provided the opportunity for site providers to develop linkages with other agency representatives. In many cases, these linkages existed before the implementation of the FEDP pilot project. While the ideal case of the regular conference was not uniformly established at a majority of sites, the combination of regular telephone contacts as well as formal and informal meetings provided access to a wide range of resources and services. The importance of the telephone contacts cannot be ignored. Facilitators repeatedly indicated that telephone linkages were the most efficient and useful method of accessing services.

From a developmental perspective, as a more routinized model for the delivery of FEDP services emerges and some stability for the program has been achieved, a formalization of linkages with other local resources would be a logical next step in program development.

During the first year of the pilot program, several sites expressed an interest at some future time in setting up a more regular system of client reviews with other agency representatives. They indicated that setting up these linkages would depend on how the FEDP program evolved and expanded within their agency. In reality, this has not yet happened among any of the programs for

which this is the second year FEDP programming. Perhaps the 12 months following the first year has not provided enough time for this process to occur. More likely, the expediency and routinization of telephone linkages has probably diminished the incentive to providers to adopt the interagency meeting format. It appears unlikely to happen spontaneously unless special provisions are made under the FEDP contract.

Issues Addressed by the FEDP

The FEDP itself, was envisioned as a set of short- and long-term goals derived by family members who agree to work cooperatively to effect the outcomes. The actual implementation of this part of the program was largely at the discretion of the service providers. In most cases (70%), actual written documents were negotiated, while in others, verbal agreements and discussions were used as the guidelines for family activities. Nonetheless, all sites used problem-solving and goal-setting techniques to help families assess their current circumstances and explore available options.

The model format for the FEDP might involve helping the family to determine long-term plans for achieving the resources necessary for sufficiency. In turn, these long-term plans could be subdivided into parts, with each part comprising a short-term plan for achievement. Approached in this way, the long-term plans seem less formidable and the actions necessary to reach the goals are more easily identified.

The issues addressed by the FEDP covered the breadth of family subsistence needs from immediate, tangible concerns for shelter to chronic, systemic issues of family relationships and support. The variety of concerns which fell within the scope of the FEDP pilot program emphasizes the complex and multiple problems faced by these families seeking to increase their sufficiency.

Although the ideal FEDP plan would break long-term goals into more easily achievable short-term activities, in practice this was not always the case. In some cases, a family experienced a number of acute problems which needed to be resolved immediately before any planning--either short- and long-term--could occur. Thus for these families the FEDP was a multi-phase process which initially focused on immediate concerns, later followed by successive longer-term activities.

As part of the assessment procedures, the goals of participating families were determined by the facilitator and family members. The goals delineated can best be categorized as immediate, short-term or long-term goals. This categorization more accurately reflects the relative priority of the specific issue within the family, rather than an absolute time line for achievement. Thus the same sorts of goals appear as either short-

or long-term goals, depending on the current situation of the family at the time of intake.

IMMEDIATE GOALS. Approximately one in every three of the families participating in the program indicated immediate goals in their FEDP contract. The immediate goals of these families were most often related to accessing resources and services within the community. Goals within this category include: access to child care; making sure ADC checks reach the correct address; getting into drug treatment; finding a support group for abused women. The next largest group of immediate goals included counseling and support such as building self-esteem, developing emotional support, increasing self-confidence, etc. Support for basic needs were also expressed as immediate goals. This included finding food, shelter, or a place to move. A complete list of goals is given in the appendix.

SHORT-TERM GOALS. All of the participating families listed short-term goals. The largest categories of goals were employment related (50%) and education-training oriented (39%). A third of the employment-related short-term goals were simply to find part-time work: full-time work was only mentioned by a small number of participants. Work experience was the next most often reported of these goals. The training oriented goals were generally related to enrolling in or completing a specific training program.

LONG-TERM GOALS. The pattern of long-term goals listed was almost identical to those discussed under short-term goals. The most often identified long-term goals were related to employment. In contrast to the short-term goals which more often simply specified "finding a job", those listed as long-term goals usually indicated a specific position or job title. The specific jobs listed are indicated in the appendix.

Table 4: Frequency of Goals Specified in the FEDP

Type of Goal	Immediate	Short-term	Long-term
Education-training	9%	39%	31%
Employment	0	50	52
Access resources/services	62	5	7
Fulfill basic needs	9	3	5
Counseling-support	21	3	2
Other	0	0	3

Clearly the goals outlined in the FEDP contracts with the families are consistent with the mission of agencies under the Department of Education in that the majority of short-term and long-term goals are related to JTPA outcome success criteria. Specifically, this program is focused on education and training

opportunities to promote economic self-sufficiency. The goals listed are parallel to the barriers identified in that most of the major barriers were associated with education, training and employment outcomes. In approximately 40% of the families there is an impediment to the short-term goals which must be resolved before the education and employment issues can be considered. In these cases, the FEDP facilitator works to access community resources and services so that family members can focus on other goals.

Dropouts from the FEDP Pilot Program

Based on information provided by the facilitators, the drop out rate for this year was 10%, which is a reduction of 5% from the first year of the project. The duration of participation in the program varied from two months to one year, with an average duration of 6.7 months before discontinuation. There is no indication that a particular aspect of the FEDP process was responsible for the clients discontinuing with the program.

It appears that circumstances within the clients' lives often attributed to their dropout. The reasons given by service providers regarding the clients who dropped out are listed below:

1. Serious drug and legal issues
2. Major health concerns
3. Discovered family was inappropriate after assessment
4. Family didn't follow through on their commitments
5. Family member was hospitalized
6. Inconsistent commitment to the program
7. Mother was welfare dependent
8. Family relocated
9. Family split up & lack of progress with FEDP

From the reasons listed above it appears that the FEDP program was not responsible for the attrition of clients. Personal circumstances of the participants more often played an important role in this outcome. The available information does not reveal any consistent characteristics describing the dropouts. Dropout status does not appear be related to family composition or demographic characteristics. The decision to discontinue was not an exclusive decision by either the client or a family member. Most often, the events which do cause drop out are initially unforeseen or are related to lack of cooperation or motivation among family members.

Role of the FEDP Facilitator

Examination of the completed activity logs from the program sites provided a great deal of information about the roles played by the service provider as part of the FEDP program. The activities of the facilitators are described below. The data

presented are the frequency of each type of activity listed in the logs and the average amount of time estimated for the activity. Time estimates were only available for 80% of the activities listed in the logs.

Table 5: Activities of FEDP Facilitators

TYPE OF ACTIVITY	PERCENT OF ACTIVITY	MEAN DURATION
Direct contact with the family	60.1%	.60 hrs.
Advocacy & resource development	19.3	.66 hrs.
Administration & planning	6.5	1.90 hrs.
Intervention with the family	5.8	.65 hrs.
In-home visits with family	4.3	1.40 hrs.
Counseling with family members	2.2	.76 hrs.
Interviews with family	1.1	1.57 hrs.
Other	0.7	----

DIRECT CONTACT. By far, the most often listed type of activity was contact with the family, although this was not as time consuming as other more structured activities. This type of activity included providing the client or family with information, checking on their progress, discussing options with members, planning activities etc. Most of the direct contact activities (79%) were with the client. Of the remaining direct contact activities, 15% included the other family members while 6% were with a family member other than the client. Sixty percent of these direct contacts were in person with the remainder carried out over the telephone. In a very few instances, some facilitators used cards or letters to maintain contact with clients, but this was less than 5% of the activities.

ADVOCACY. Activities related to identifying, accessing or coordinating the delivery of services to family members were described in this category. These activities were as often as not carried out over the telephone as in person. Most of the contacts (45.6%) made in this effort were with local service groups, businesses and regional consortia. Other resources contacted included: DSS (17.6%); community schools (12.6%); and community colleges (6.0%). Other contacts listed constituted less than 5%.

ADMINISTRATION. This category of activity includes completing paperwork and reports, planning, and letter writing. Although this was a low frequency entry in the log, the average amount of time for each entry approached two hours indicating considerable effort for these tasks.

FAMILY INTERVENTION. Intervention with the family included activities such as skills training, resume writing, interview skills, family problem solving, etc. These activities were of low

frequency with an average duration of less than 45 minutes per incident.

IN-HOME VISITS. These visits consumed a large amount of time due to travel time and interactions with multiple family members. In some instances, unforeseen issues or concerns arise which also takes longer than the facilitator may have anticipated. Three-quarters of the home visits involved multiple family members; the remaining 25% involved the client.

COUNSELING. A small proportion of the facilitator's time was dedicated to formal counseling. The counseling might involve career planning, social support issues or problem identification with the client.

FAMILY INTERVIEWS. Facilitators interviewed each family on entry into the program. These interviews were rather lengthy as they involved multiple assessments, explanation of the FEDP approach and getting to know the members involved.

Most service provider time and effort is expended in working with the family members to promote cooperation, problem-solving and goal planning. Advocacy for family members also is an important function for the provider, although less frequent. In-home visits are time intensive and form an important link with the family. The visits facilitate a more accurate assessment of the family situation and permit monitoring of their progress towards their goals. The role of the provider is differentiated into many tasks, as evidenced by the breadth of issues to be addressed, the salience of goals for individual families, the resources available at any point in time and the very nature of a family intervention.

DISTRIBUTION OF EFFORT. The activities described above are based on the frequency of occurrence in the activity logs. This information does not address how many families received these services, but rather how they fit into the facilitator's schedule. Facilitators were asked to indicate how many families received specific services as part of the FEDP. The data from this supplemental source indicates that among participating families:

- 93% receive information on education and job training opportunities
- 90% receive social support and encourage through their involvement with FEDP
- 85% receive career planning and guidance
- 81% access resources through advocacy activities
- 72% receive modeling in family problem solving strategies

- 61% receive case management and coordination
- 41% psychological services and/or counseling

Thus the activities of the facilitator are diverse and affect a large number of the families participating in the project at each site. Major activities related to education/training programs as well as providing support and encouragement affect amost all of the participants.

The number of contacts by each family with the facilitator ranged from 10 to 53, with an average of 27 contacts; most families had 20-30 contacts with the FEDP facilitator. On average, the facilitator has 25-35 hours of contact with each family.

GROUP ACTIVITIES. Most sites brought families together for group activities. The various group activities included instruction and skill building sessions as well as social events. Facilitators reported that these group activities were important for some families in that they learned to share more easily, and could build support networks within the group. The group process was also an efficient use of facilitator time for teaching some skills and delivering information.

Outcomes Associated with the FEDP

All of the program facilitators reported on the outcomes for each of the participating FEDP families. The reports emphasized JTPA criteria for successful outcomes. The data reported below are based on 139 individuals from 91 families. Thus some families reported multiple outcomes. In addition, some individuals have reported more than one outcome thus the totals are more than 100%.

The achievements of the family members can be summarized as follows:

- 51 people (38%) completed their high school diploma or GED
- 16 people (12%) are currently in the process of completing their GED
- 33 people (24%) have completed a college or training program
- 46 people (33%) were enrolled in a college or training program
- 80 people (58%) indicated that they were employed: of those 45 (32%) were engaged in full time employment while 33 (24%) were employed part time. The employment pattern was not specified for 2 people.

A complete summary of the training programs and job titles listed as part of the outcome is presented in the appendix.

Based on the available information, all families which did not drop out of the project reported an outcome. For over half of the families (57%), the outcomes described above affected a single family member. That is, only one family members is reported to have achieved a reportable outcome. In the remaining 43% of the families outcomes were reported for two or more members of the family. This includes five cases where outcomes are reported for three family members.

Facilitators also reported on public assistance received by families in the program. Altogether, 86 people (62%) were receiving public assistance support at the end of the FEDP program. Some clients received more than one type of support thus the percentages do not add up to 100%. The types of support received are listed below:

- 59 people (64%) received ADC support
- 56 people (61%) received food stamps
- 45 people (49%) were enrolled in medicaid
- 6 people (7%) were enrolled in surplus food programs
- 3 people (3%) received WIC support

The information presented above provides a global picture of the outcomes related to the project. They are based on year-end outcome data which did not reflect the status of families at intake into the program. The data were reported by some facilitators at the end of June, while others reported outcomes as of September 30, 1988. Thus there is inconsistency in the reporting period. In addition, information was not reported for all families which limits the comparability of this information with the intake data. In some cases, outcomes reported for the FEDP may have been initiated prior to family involvement in the project.

The figures above present an three-fold increase in the proportion of clients employed over the duration of the program, based on the client intake information previously reported (page 9). In addition, the proportion of clients enrolled in public assistance programs such as WIC and Medicaid showed some decrease. An exception was the ADC program which had a stable enrollment level throughout the program.

The seeming inconsistency is illustrated by the previously reported finding that 82% of the families became involved with other agencies as a result of their participation with FEDP although the above information suggests that participation in

government programs has decreased. The increased agency involvement of families appears to reflect reliance on local resources and services rather than government programs. Increased linkages with local service agencies, individuals, local businesses, churches, schools and volunteer groups were reported. Thus the FEDP advocacy function seems to increase reliance on local resources rather than state or federal resources.

1988 Outcome Survey. Another FEDP outcome study presents a clearer view of the achievements of participating families. This information was obtained through an outcomes survey distributed by the Michigan Department of Education Adult Extended Learning Services. Two reporting periods are indicated: 12-31-87 and 6-24-88. The data represents the outcomes associated with all FEDP clients from Year I and Year II of the program. These data differ from those reported above in that they represent information on all clients funded under JTPA 8% grants. The data already presented is a subset of these clients and in some cases represents a longer reporting period.

The data reported as of 12-31-87 describes the outcomes for the 64 families participating in the first year of this project. These families comprised a total of 162 family members. Two-thirds of these families were single-parent families. For 16 families (25%) the adults had never worked; for the remaining 48 families the average time since they had last worked was 3.25 years. When they entered the program, 53 families (83%) were receiving ADC benefits, 9 families (14%) were receiving GA benefits and 2 families (3%) received SSI benefits.

In reviewing the first year, facilitators indicated that the average number of contacts per family was 31.3, with a cumulative time commitment of 26 hours per family.

Table 6: Year I FEDP Youth Outcomes

For a total of 31 youth aged 14-21 years of age:
17 youth (55%) completed competencies,
10 youth (32%) placed in employment at an average $3.41/hour,
14 youth (45%) completing high school,
5 youth (16%) in college programs; 1 youth in job training

The above information indicates that 61% of youth aged 14-21 are enrolled in some kind of education program; some of these youths have part time jobs as well. In some cases, they are living independently and/or have dependent children. Information for the 51 children under 14 years of age was not available.

Table 7 presents the adult outcome summary for the 80 adults aged 22 and older. The information shows that at the end of one

year, 17 families (27%) were economically independent. At least one person in 47% of the families had obtained employment, but some were still partially dependent on food stamps and other assistance programs. Obtaining low-income housing assistance helped some reduce expenses so that they could live on their working income.

Table 7: Year I FEDP Adult Outcomes

For a total of 80 adults enrolled in the program...
23 adults (36%) completed competencies,
3 adults (4%) completed high school,
20 adults (25%) were in college programs,
17 adults (21%) in job training programs,
30 adults (38%) employed at an average of $5.45/hour

Outcomes for the second year of the FEDP program were summarized as of 6-24-88. The information covers 155 families from both years of the project.

Table 8: FEDP Program Outcomes as of June 24, 1988

Number of families: 155

Persons employed: 40 full time; 36 part time

Persons completing employment and training programs: 53

Persons working on four year degrees: 14

Persons continuing in employment and training programs: 44

Number of first 64 (Year I) families...

reaching economic independence:	25-37%
still in training programs:	56%
engaged in entrepreneurial activities:	3%

The data indicate significant progress by many families in moving toward economic independence through education, job training and employment. In many cases the impact of the program has significant outcomes associated with more than one member. These outcomes will increase as some families continue in the program for the third year.

FEDP Child School Progress Summary

Of special interest in this second year of the program was the impact of the FEDP intervention on the school adjustment of children in the participating families. The information presented is subdivided into four age groups: 5 years and under, 6 to 10

years, 11 to 14 years and 15 years or older.

In summary, for most of the problems identified, tutoring, remedial help and support at home are the interventions implemented. For more severe problems such as family dysfunction and learning disabilities, local agencies are notified so that consistent services can be delivered. In almost all cases, some progress has been made in ameliorating the problems. The role of the FEDP facilitator is accessing local resources and providing support for the parents in addressing specific problems.

Five Years and Under. Information is available for 17 children within this age group. They are evenly distributed in age from one to four years of age: there are 4 one-year olds; 4 two-year olds; 4 three-year olds; and 4 four-year olds. There is only one five-year old. Of these, one is in kindergarten, two are in pre-school and four are in child care. One child in this group was reported to have academic problems related to poor attendance: although the problem persists, the parents are aware of the importance of the problem and are trying to make some progress.

Six to Ten Years. There is information available for 28 children in this age group. They can be characterized by the following age and grade breakdown, which lists the number of children in each category:

Age Distribution		Grade Distribution	
6 years:	7	Kindergtn:	2
7 years:	5	1st grade:	7
8 years:	6	2nd grade:	7
9 years:	8	3rd grade:	7
10 years:	2	4th grade:	4
	28	5th grade:	1
			28

Eight of the students have their academic attendance rated as excellent and 19 are rated good. One child each is rated fair and poor.

With regards to academic progress, three students are rated excellent and 14 are rated good. Of the remaining 10 students, 9 are rated as fair/average and 1 is rated as improved by the FEDP facilitator. The problem areas of concern for the 10 children in this group are listed below as well as child's progress.

Problem Area	Intervention/Progress
a. hyperactivity	mother is coping better
b. reading skills	tutoring at school/doing better
c. learning disability	family & school counseling/improved
d. behavior problem	family therapy/doing better
e. emotional problem	family therapy/improved

Problem Area	Intervention/Progress
f. lack of motivation	improved motivation and support
g. attendance	improved parent skills
h. safety	relocation to provide security
i. social skills	more acceptance and less acting out
j. handwriting	some progress has been made

Eleven to Fourteen Years. There is information available for 17 children in this age group. They can be characterized by the following age and grade breakdown, which lists the number of children in each category:

Age Distribution		Grade Distribution	
11 years:	1	5th grade:	1
12 years:	8	6th grade:	6
13 years:	4	7th grade:	4
14 years:	4	8th grade:	4
	17	9th grade:	2
			17

Four of the students have their academic attendance rated as excellent, one is very good and seven are rated as good. Two children each are rated average and poor.

Regarding academic progress, one student is rated excellent, two are rated very good and four are rated good. Of the remaining 10 students, 6 are rated as fair/average and 3 are poor and 1 is indicated by the facilitator to be repeating the grade. The problem areas of concern for this group are listed below as well as child's progress.

Problem Area	Intervention/Progress
a. family dysfunction	counseling/agencies made aware
b. peer pressure	setting career goals/some progress
c. peer pressure	school counseling/needs improvement
d. can do better work	receiving tutoring/good progress
e. learning disability	special education classes
f. reading skills	increased family stability-support
g. English skills	learning center/mom more supportive
h. shyness	more confidence/good progress

Fifteen Years and Older. There is information available for 12 children in this age group. They can be characterized by the following age and grade breakdown, which lists the number of children in each category:

Age Distribution		Grade Distribution	
15 years:	5	8th grade:	2
16 years:	2	10th grade:	4
17 years:	2	12th grade:	4
18 years:	1	college:	1
19 years:	2		12
	12		

Three of the students have their academic attendance rated as excellent, one is very good and six are rated as good. One student each is rated poor and truant. With regards to academic progress, one student is rated excellent, five are rated good and four are rated average. One is rated as poor. One is listed as having graduated.

The problem areas of concern for students in this age group, as indicated by the FEDP facilitator, are listed below as well as individual progress.

Problem Area	Intervention/Progress
a. normal teen problems	working with mom/good progress
b. family dysfunction	local agencies aware/some progress
c. very dependent	feels better about self/fair
d. all subjects	family trying to help/fair
e. all subjects	resists assistance/little
f. math skills	summer remediation/much better
g. math skills	moral support/improving

Child and Family Benefits from FEDP

Each of the facilitators provided information about the benefits derived by children of the families participating in the FEDP program. The information was gathered in a narrative fashion and is reproduced fully in the appendix.

The information provided for 60 families indicates that children benefit from the material resources accessed through contact with the FEDP program. Contact with the facilitators has acted to stabilize many families which were fragmented or near collapse, by providing access to therapeutic resources, and by modifying expectations of family members to promote acceptance and cooperation. The use of other models in the community such as teachers and Big Brothers-Sisters also facilitate this goal.

An outcome which is less quantifiable but has an immense impact is the pride which children and other family members display when parents enter training and educational programs in the fulfillment of long-term career goals. The pride of the children and the model presented by their parents making these changes is very important in their continuing social development; it also helps to reinforce

their linkages to other family members to facilitate future support within the family unit and emphasizes the desirability of such achievements.

Client Satisfaction with the FEDP Program

All of the participating families were given a survey form to rate their experiences in the FEDP pilot project. Each survey was accompanied by an envelop for returning the survey. At all but one site, the surveys were returned directly to the evaluation consultant and not to the FEDP facilitator. It was hoped that this would encourage more thoughtful answers from the respondents.

The complete Client Satisfaction Survey results can be found in the appendix, as well as the results to the open ended questions. Given that the surveys were anonymous and only 38 surveys were returned, there is no indication of what kinds of selection bias may exist in the responses reported below.

Generally, the participants in the program were very satisfied with the FEDP facilitators and the services received. Most indicated that the length of the services received was adequate and that there impression of the program improved during their contact. Participants perceived the facilitators as friendly, concerned and competent.

The clients perceived themselves as having moderate to serious problems at the time of contact with the program. Most of the clients indicated that their problems were better or much better as a result of the FEDP participation. They were very satisfied with the program and would definitely use the program in the similar circumstances.

The reasons for the satisfaction with the program are varied, and are reported in the appendix. Dissatisfaction with the program was related to the brevity of the program for some participants and the infrequency of certain activities.

OVERVIEW

The FEDP program has provided facilitators an opportunity to legitimately implement family-oriented interventions to a limited number of families. This is a key feature in that for some, this family-oriented scope is beyond their normal activities. However, an important feature is that the program was implemented on a pilot basis and funds were available for only a limited number of families. The experiences of the facilitators indicate that the imposed limit on the number of families served permitted them the opportunity to spend more time with the families. If appears that if the program was implemented on a larger scale, some of the problems endemic to other programs would emerge--too many clients

and not enough time or resources.

The function of the FEDP program can be likened to triage. Families with immediate problems and critical needs, through advocacy, can access resources to address these needs. This allows for the process to continue with short- and long-term goals regarding education and training opportunities. This is where the majority of expertise and experience of the FEDP facilitator lies and this is what they do best. An important component of this task is the process, which is characterized by encouragement, support and "therapeutic" benefit provided to family members in the course of clarifying these goals. This combination of activities is the strength of the program.

The outcomes reported indicate increased employment, enrollment in education and training programs, and greater self-esteem for individuals and families. There is a reduction on the reliance of government programs and an increase in utilization of local programs. The program has success in working with "hard to serve" families both in terms of specific outcomes as well as in the improvement of their quality of life. The satisfaction of clients with the program is evident.

Certain desirable outcomes for the program, such as community case coordination conferences are unlikely given the current implementation of the program.

Full scale implementation of this program must be done with consideration of what makes this program unique for the success of the program to continue. The model is flexible and as such, to be effectively adopted needs to permit the time and resources inherent in less structured programs. The model allows the facilitator considerable latitude in working with the families and local resources. Because of these attributes of the pilot study, the question which remains is..."can the FEDP move beyond a pilot program?"

APPENDICES

Percentage of Clients with Assets, Barriers and Critical Barriers

Immediate, Short-term and Long-term Family Goals

FEDP Outcome Summary

FEDP Child and Family Outcomes

FEDP Client Satisfaction Survey

Percentage of Clients with Identified Assets, Barriers and Critical Barriers

	ASSET	CRITICAL BARRIER	BARRIER
Personal Issues			
U.S. citizenship	100%	0%	0%
Criminal record	97	3	0
Probation record	99	1	0
Suspended driver's license	97	3	0
Garnishments/litigation	97	0	3
Discrimination	88	6	6
Income for training	18	78	4
Adequate housing	84	12	4
Food	94	6	0
Medical/dental care	84	12	4
Child care	46	46	7
Transportation	40	48	12
Health			
Eyesight	93%	7%	0%
Speech	88	10	2
Hearing	93	6	1
General health	78	18	4
Dental Hygiene	84	10	6
Mental health	81	12	8
Evidence of addiction	90	10	0
Evidence of chronic illness	88	7	4
Ability to stand	90	9	1
Ability to sit	96	3	1
Ability to bend	87	12	1
Ability to lift	82	16	2
Work Orientation			
Has a desire to work	78%	19%	3%
Has enthusiasm	66	34	0
Has ability to direct self	43	52	4
Has motivation	69	30	1
Wants self development	72	28	0
Concern about program benefits	84	16	0
Desires self-sufficiency	81	16	3
Realistic work expectations	55	39	6
Has economic responsibility	73	23	3
Has higher earning potential	52	43	4
Has family support	73	24	3
Has support from friends	63	31	6
Career Planning Skills			
Personal values	70%	30%	0%
Personal interest	66	34	0
Realistic occupation goal	45	51	4
Realistic education goal	57	40	3
Needs to make career decision	46	52	2

	ASSET	BARRIER	CRITICAL BARRIER
Career Planning Skills (con't)			
Has advancement goals	54	46	0
Competitive wage needs	40	57	3
Competitive shift preference	46	54	0
Competitive in work flexibility	48	51	1
Competitive geographic preference	31	64	4
Has ability to plan	55	42	3
Has ability to make decisions	48	49	3
Job Seeking Skills			
Understands employer expectations	64%	31%	4%
Competitive work history	40	52	7
Ability to complete application	84	10	6
Personal appearance	71	24	4
Communication skills	74	21	4
Personal presence/mannerisms	61	33	6
Recent work experience	31	57	12
Can describe own assets/skills	51	46	3
Has adequate training for goal	30	63	7
Willing to conduct job search	66	34	0
Knowledge of job search	34	61	5
Resources to conduct job search	40	55	5
Job Adaptation Skills			
Good attendance	78%	13%	9%
Punctuality	78	15	7
Works well under supervision	90	4	6
Has adequate productivity	91	6	3
Work is of acceptable quality	94	5	1
Works well with coworkers	85	9	6
Follows directions	90	9	1
Accepts responsibility	85	12	3
Demonstrates dependability	81	15	4
Knows how to advance on job	69	25	6
Demonstrates pride in work	90	7	3
Willing to learn, change, adapt	78	16	6
Education and Training Credentials			
Reading skills	82%	15%	3%
Perform mathematical computations	75	24	1
Writing skills	82	16	2
Spelling	78	21	1
Has study skills	76	21	3
Ability to learn	82	16	1
Has basic education (GED)	70	30	0
Has advanced training	34	63	3
Has training related to job goal	30	69	1
Values education for job training	64	36	0
Sees need for lifelong learning	55	43	2
Has licensing required for job	34	63	3

Immediate, Short-Term and Long-Term Goals Identified for FEDP Intervention

Listed below are the items described as goals for the FEDP outlines completed with each family. The purpose of this list is to illustrate the breadth of goals identified, no the frequency of each goal.

Immediate Goals

1. transportation
2. child care
3. pay bills
4. find activities for teenagers
5. difficulties with teenagers
6. emotional support
7. build self-esteem/confidence
8. ADC check not reaching address
9. no food
10. no shelter
11. assessment of physical problems
12. get health insurance
13. economic support
14. custody of children
15. drug treatment
16. find support group
17. job training
18. get a private tutor
19. own home
20. get college information
21. how to care for home
22. built self-respect

Short-term Goals

1. finish school
2. get an education
3. career exploration
4. work study
5. get into college
6. pass courses
7. complete associates degree
8. take auto body classes
9. move
10. learn nutrition
11. take driver's training
12. teen parent program
13. get counseling for children
14. buy a car
15. loan for summer classes
16. sponsor a child
17. assess physical problems
18. gain self-confidence
19. have more family time
20. get a full time job
21. get a part time job
22. get some work experience
23. update my resume
24. complete job training
25. get help for job search
26. get a job with benefits
27. child care licensing
28. nurse aide certificate
29. secretarial job
30. factory worker
31. machine operator
32. hearing equipment tech
33. custodian
34. construction worker
35. CBI training
36. welding training

Long-term Goals

1. full time job
2. get a job
3. obtain job skills
4. part time job for teens
5. learn to read
6. get an education
7. complete GED
8. career counseling
9. get associates degree
10. save money for child's education
11. own a home
12. be financially stable
13. own a business
14. pay my bills
15. buy a car
16. buy a motor home
17. travel
18. get married
19. move
20. independence

Long-term Goals (continued)

21. find caregiver to visit home
22. cope with physical problems
23. transfer to group home
24. gain self-confidence

Complete education/training for:

1. business degree
2. dental assistant classes
3. engineering degree
4. accounting degree
5. degree in education
6. social work
7. nursing
8. computers
9. special education

Get a job in/as:

1. health care
2. graphic design
3. baker/pastry cook
4. military pilot
5. physical therapist
6. accounting
7. clerical job
8. medical assistant
9. boiler operator
10. appliance repair
11. dental assistant
12. child care operator
13. nurse aide
14. registered nurse
15. child psychologist
16. coast guard
17. cosmetologist
18. business
19. job with a union
20. paralegal secretary
21. attorney
22. computer technician
23. motel clerk
24. social worker
25. artist
26. auto mechanic

FEDP OUTCOME SUMMARY

The following training programs were specified as completed or in progress by clients at the end of the second year of the FEDP program.

- General education
- Junior college
- Secretarial/word processing
- Corrections officer training
- Dental assistant
- Clerk
- CBI training
- College training in ...
  - * respiratory therapy
  - * LPN
  - * Nurse aide
  - * Teaching
  - * social science
  - * pre-nursing
  - * Electronics
  - * Design
- Associate's degree
- Basic skills upgrading
- Auto mechanics
- Clerical certified
- Service writer
- JTPA
- Rent skills center

The following job titles were supplied by clients who indicated that they were employed in part or full time jobs.

- Clerk
- Secretarial
- Radio station
- Cashier
- Office aide
- Rug maker
- Day work
- Community action
- Medical transcripts
- House Cleaner
- Bus driver
- Nursery/landscape assistant
- Catalog orders
- Child care
- Stock person
- Optometrist assistant
- Bartender
- Dry waller
- Nurse aide
- JTPA
- Carpentry
- Dental assistant
- Warehouse worker
- Lubrication technician
- Human services
- Word processing
- Packer
- Military
- Seamstress
- Computer specialist
- Manager trainee
- Factory worker
- Accountant assistant
- Maintenance
- Body work
- Line person

FEDP Child and Family Outcomes

The question asked of facilitators was... " what are some of the benefits derived by the children in this family as a result of their participation in the FEDP pilot program this year?"

A compilation of the narrative responses for 60 families is given below.

SITE: A: In Dec. an X-Mas party was held for all FEDP participants. Food and gifts were available to all. Mittens and hats were given to all younger children.

-was a victim of assault by husband, needed immediate shelter for herself and 4 children. After the shelter, she received assistance through donations, food staples, food, clothing and some furnishing.

-both daughters became babysitters for FEDP members, and thus earned extra money. The oldest daughter recently returned to home, from being in a girls home for a year. This daughter recently joined the Summer Youth Corp. She is receiving training for 5 weeks, in Computers and robotics and also earn $100/week while working evenings at the college. Mom frequently seeks advice and problem solving skills in order to handle difficult times w/her two youngest daughters.

-although the two oldest daughters no longer live at home, all 3 of the children have observed their mom, as she grows through her educational pursuits. The youngest, who is still living at home is experiencing some typical teenage dilemmas. Mom has been learning nurturing, mothering skill of patience and understanding. When this child graduates from high school, an outreach will be done to encourage her to attend college.

-efforts to find a big sister for child have been successful, as well as for finding a daycare facility for when the father is attending classes.

-During winter, family had a fire in home and all possessions were damaged. Referrals were made to the county. The family received clothing, etc. During January, the 12 year old son needed surgery. During the hospitalization, we assisted with transportation expenses so that the parents could visit him.

-attempted to place all 4 children with big brothers and sisters, but still on waiting list. Assisted with child care expenses for 3 year old. Assisted with referral for entire family to become involved in family therapy.

-Daughter was incarcerated and mom has custody of 2 year old grandson. Mom was unable to attend school this year

however, much effort toward educational goals has been made. The daughter will also be encouraged into returning to school. The 3 boys are on a waiting list for big brothers.

-Mom and children needed winter coats and referrals were made to obtain them. Assistance with funding for child care services were made for when mom attended classes.

-Assistance with child care expenses while mom was involved in peer career group (a teen parent group). Arrangements were made for expenses for child care through college child care center, for next year when the child will be older.

-Son is transferring to university. He received career counseling, individual assistance in applying for financial aid and mentoring through the transfer process. Other son graduated from high school and is planning on attending university. He received counseling, assistance in applying for financial aid and mentoring through the application process.

-Son came to school for classes and tutoring sessions with his mom. He benefitted from sitting in on her basic math tutoring sessions and encouraged her through the learning process. The son is on waiting list for a big brother.

-Assistance with child care expenses, so that mom can attend classes.

-Attempted to counsel the 21 year old daughter, in order to encourage her to attend school. This daughter has recently been diagnosed with cancer and now refuses any assistance or support from us.

-Mom make significant progress with her mothering skills and in working with her family through family counseling. Arranged for mom to receive additional funding needed for child care, of over $1500. Mom transferred to university on June 27th. Through empowerment, mom has made her own child care plans for the next year.

-Mom has car problems and her father passes away. This prevented mom from being able to attend school. Transportation was provided for mom and kids so that they could join the group meetings.

SITE: B

-Mom and kids in shelter home to escape abuse. Father into treatment for drugs. Children began to adjust to loss of father, but he returned. Mom and kids will move to another shelter home in July. Mom received 200 hours of training. She has gained

self-esteem and her responses to her children have improved dramatically. She is now, less scared of children and the responsibility of them as well as to living alone and feeling capable.

-Son found place of own, is independent, better relationship with mom. Daughters more secure in school and proud of mom. All went on a vacation.

-Child care taken care of, children have more security in family structure.

-Son was becoming anti-social and disappearing often. He was ashamed of being on welfare and receive flak from peers. After father took the classroom and job training position, the son rediscovered pride in family. Although still on assistance, the son now stays at home more often and is playing with other children more often, real progress.

SITE: C

-Child enjoys knowing that mom is taking college classes. Also, with mom in college, she is encouraged to do well in school, so that she may be able to attend college one day.

-Son enjoys being with children his own age and being in coloring classes.

-Children enjoyed being in group setting. Also the kids enjoyed studying with their mom. Homework was a sharing time for the family.

SITE: D

-Mom received guidance in parenting skills and completed one year of CBI training. She is now off DSS, therefore, gaining a positive attitude and improved role model for her son. She has been encouraging her son to realize the importance of an education. This has increased the child's motivation and success in school.

-FEDP has assisted both parents to receive full-time employment. Parents now have positive attitude about themselves due to economic independence, thus children are happier and more secure.

-The parents were separated initially, but are back together and working on marital problems. Father in training to become a corrections officer. Funding for this training was obtained from FEDP, thus helping the parents to become more positive about selves and their future. Parents have encouraged 16 year old to obtain first job this summer and stress educational

motivation for success.

-Through FEDP guidance, Mom has completed training and has received a full-time job. The father does odd jobs, but is waiting to be called back to former employment. This family is off DSS, therefor gaining a more positive self-concept and providing a better role model for son. The parents support and encourage son to succeed in school. Son enjoys school and was chosen to participate in a gifted class. Due to economic independence, parents can support educational activities for son.

-Through FEDP, Mom has received AA support and counseling to overcome her alcohol dependency and suicidal tendencies. She is in nurse's aid training. Son returned home, and with mom's love and encouragement, graduated from high school. Mom now works full-time in a home for mentally retarded and provides positive role model for son. Son now enlisted in military and plans to continue his education for a career.

-Family is off DSS. This has created a feeling of positive self-confidence for mom and child. Both have overcome barriers of extreme shyness, lack of motivation and self-esteem and self-defeating behaviors, such as prejudice. Now have a car and child participates in extra-curricular activities now, such as gymnastics. This has helped her weight problem, thus building her confidence and acceptance by peers. The are seeking improved housing off of reservation.

-Mom received career guidance and completed training for a one year clerical certificate. She is now off DSS, therefore gaining a positive attitude and better role model for sons. The 18 year old son has successfully overcome drug dependency and is now in the military planning a career. The over-active six year old, and now because of economic independence, he now participates in sports. FEDP has assisted this family in relocation to Mt. Pleasant where there are more educational and recreational activities.

-Through FEDP guidance and counseling, older mom with no work experience entered training at a business school. Funding was arranged for this. Mom has now completed her training and with assistance is in the job search. Her educational endeavor has had a positive impact on her son. He realizes the importance of his education and career. Both are eager to be off DSS.

-Both parents have received training and are employed full-time. Parents have very positive attitude towards themselves due to independence from DSS support, thus the children are happier, more secure, and provided educational opportunities. Birth of baby brought stability to family. Daughter now receives parental encouragement and praise for her successes, which are many.

-FEDP program has assisted in improving children's motivation and success in school. Parents have received parenting skills. Mom is attending college in education. Although the oldest child failed last year, she has improved her motivation and successfully passed this year, through constant encouragement.

-Through FEDP assistance, improved housing was obtained, leading to a more secure environment for the boys. Also, the children were able to participate more in church and extra-activities. Parents are pursuing long-term educational training, thus realizing the importance of education and employment. They are providing positive role models for sons and this family has been strengthened through the new environment. Children are doing well in school and are happier and more secure.

-Parents pursuing long-term education to become secondary teachers. Through college courses, they realize the importance of education and secure home environment. Child attends day care center, while parents are in class and it is preparing her for school. The child seems to be bright, happy and very secure in this environment.

-Through FEDP counseling, mom entered into CBI training. Although the course was one year, she wa offered a good job after one semester of on-the-job training. Mom has a positive attitude towards herself due to economic independence from DSS support, thus the children are happier and more secure. She is a good role model, therefore these young children will not know the life of welfare dependency.

-Mom has successfully completed training and received a one year CBI certificate. She is now working full-time and hopefully will be off DSS soon. Through her courses and guidance, she is aware of a secure home, parenting skills and education. She is a wonderful mother, giving this child love and fulfilling her needs. The mother is a wonderful role model and this child should not remember this life of welfare dependency.

-Mom is having a difficult time and rather unstable. This has been an emotionally upsetting period for the children, who spend half of the time with the father. The 5 year old was held back in Kindergarten this year. His attendance record was poor, which was a factor. Parenting skills have been stressed to the mom, but there are problems still in existence. The Mom completed her training and received a one year CBI certificate this May. She was hired full-time at her CBI site and hopefully will soon be off DSS. This was a great success for this mom because she has difficulty completing anything. She will need continued support and encouragement to become a proper role model for these boys.

SITE: E

-Both kids were appropriately referred to an alternative education setting. Older son's attendance improved and he has been enrolled in summer youth employment. His grades have also improved. The younger son benefited from coordination with juvenile court. The family is continuing family therapy.

-Mom continued with her education which allowed her son to continue benefitting from a quality on site day care program.

-Few if any concrete benefits. Serious family problems.

-Mom chose not to leave her children.

-Child benefitted from enrolling in a quality child care program due to mom's continued involvement in the school program.

-Mom entered and continued in counseling with the older son. Younger son was completely evaluated by the diagnostic center and placed in appropriate special pre-school.

-Older child returned home with her mother. Both children were able to take advantage of a quality child care program.

-All children benefitted from the child care program.

-Parents had someone to vent their frustrations with. They found it easier to deal with their toddler.

-FEDP did not focus on children's specific needs. Mom was doing a good job of managing that. Major focus was job readiness and job development for mom, as well as easing her through the first few months of employment. Assistance was given to get oldest child into summer youth program.

-Mom chose to keep her children. They all received in home family therapy from family impact per FEDP referral.

SITE: F

-Mom is enrolled in college. She has gained respect from her daughter. The daughter has been taught the necessity in having a career and being self sufficient, instead of trying to start anew at 42.

-The whole experience has helped the family to grow and mature. All members are in family counseling. The children are now cooperative, when mom needs to study. Children now understand that mom will be able to provide them with things that they both need and desire, like their friends receive.

-Mom feels that she has matured and grown. She feels that she has gained back her self-confidence and is now a better parent. Her sons are doing better in school now that she has learned better parenting skills. And she is able to attend more of their activities despite being busy. Mom feels that she can communicate more effectively now with teachers, etc. and not have to be on the defensive. The family is currently working through problems, such as her older son wanting to commit suicide, and she has contacted the necessary agencies.

-The experience has been a positive one, the boys are aware of the importance of grades, making career choices and working toward them. The boys are more helpful now and the mom feels that she knows how to work with them better. Both mom and here sons feel great about themselves now.

SITE: G

-the son was having major problems with his father. he had run away several times and was not receiving support from his mother. We have been able to work out some of the misunderstandings. The son is now remaining at home and working with the summer youth employment program, he also completed his drivers education program. Attitude of father is still shaky. Daughter is shy but a good student in school and is also working in the summer youth program.

-child is too young to be affected however, he is a bright child and did attend school last year.

-the 2 children are ages 2 and 3, there wasn't any benefits derived by the children. The family moved to a new location and was therefore dropped

-son is currently enrolled in remedial reading and math for the summer. He is progressing average, which is good starting from special ed. The daughter was in a more relaxed program for the summer. She was enrolled in a Red Cross swimming program and she received a beginners card.

-both sons are too young for summer programs however, we have together worked out chores around the home for the boys, while mom works.

-both sons are young, 7 and 5 years old. They receive an extreme amount of love and care. They have begun to help with chores at home.

FEDP Client Satisfaction Survey

The number below indicate the number of respondents who indicated each answer choice. The total of 36 surveys were returned, although not all respondents answered each question.

The number of people who indicated each response is given...

1. Do you feel the total length of time you received services from this agency was...

   too long (0) about right (23) not long enough (12)

2. Was your first impression of this agency...

   very negative (0) negative (1) neutral (10)
   positive (20) very positive (5)

3. Has your opinion of the agency changed since your first contact with the FEDP program?

   more negative (0) unchanged (13) more positive (23)

4. The counselor seemed to have a real interest in you as a person.

   strongly disagree (0) disagree (0) uncertain (1)
   agree (11) strongly agree (24)

5. The counselor was very friendly and seemed very devoted to you and your family.

   strongly disagree (0) disagree (0) uncertain (1)
   agree (10) strongly agree (25)

6. The counselor took time to put you at ease and tried to make you more comfortable.

   strongly disagree (0) disagree (0) uncertain (2)
   agree (13) strongly agree (21)

7. You probably came to this agency because of some problems you were having. How much were your problems interfering with your daily life?

   not at all (2) mildly (3) moderately (7)
   seriously (15) very seriously (9)

8. The counselor didn't want to bother helping with many of the things that really trouble you.

strongly disagree (21) disagree (12) uncertain (2)
agree (1) strongly agree (0)

9. The counselor seemed to lack experience with your kind of problem.

strongly disagree (15) disagree (18) uncertain (3)
agree (0) strongly agree (0)

10. The counselor seemed very organized (knew what to do next and made plans to work with you).

strongly disagree (2) disagree (2) uncertain (4)
agree (15) strongly agree (12)

11. The counselor seemed very competent and well trained.

strongly disagree (1) disagree (0) uncertain (2)
agree (18) strongly agree (15)

12. Compared to when you started the FEDP program, are your problems better or worse now?

much worse (0) worse (0) about the same (4)
better (21) much better (11)

13. Did the assistance you received from this agency contribute to this change?

not at all (1) very little (1) don't know (0)
somewhat (14) very much (19)

14. How do you feel about the services you received as part of the FEDP program?

very unsatisfied (1) unsatisfied (0) undecided (2)
satisfied (13) very satisfied (20)

15. If you needed similar services again, would you use the FEDP program?

definitely not (0) probably not (2) don't know (0)
probably (9) yes, definitely (25)

16. How has the FEDP program helped you and your family to become more independent?

-by helping with food and medical bills

-to know that I can do anything as long as I tried

-Its helped us set a goal and work for it.

-I never was a dependent person, however, there is something about getting half way through college, education that makes a person feel more independent, that maybe I can do it!

-I now have a decent paying job instead of minimum wage at a pizza joint.

-They gave me courage to go to college, so I can get a good job. The job I've always wanted to do.

-It has no bearing on independence.

-By helping me plan my classes effectively and working with my children, so they are helping, rather than hindering my advancement.

-It really hasn't helped us to become more independent.

-Housing, jobs available, schooling, self confidence, patience.

-The program helped me in everyday living, also I got a job and got off ADC.

-By getting a job

-It hasn't

-Helped me get schooling

-It has helped us to solve our problems together.

-Gained confidence in the working world and to do things more on my own.

-Encouraged us and helped us find jobs and we are now off any state assistance.

-I have much more definite plans for the future. I am settled about daycare, college, future employment plans and other things I did not have a very good handle on before.

-It gave us confidence to keep going even though it looked like

there wasn't any light at the end of the tunnel. The reassurance that there was hope, kept us looking and striving for something better

-Job search, resume, cover letter, positive attitude, confident.

-It helped me to realize that things are not given to you, free in life, you have to work at it to get what you want

-She helped my boyfriend get a job and for me to get settled in this new state.

-Contact person counseled me on the education premise at my convenience, she listened attentively and impartially, made suggestions and assisted me with making necessary contacts.

-By giving me my homework, when I was sick and couldn't get to school.

-Assisting and offering to assistance that would enable me to continue my education, thus allowing me to work.

-Mainly, moral support through counseling and communication.

-Help to let you know what you are entitled to.

-Help me know more about things that I am entitled to have.

-By leading me to discuss my problems with them to get a better understanding.

-It has helped me continue my education, which will lead to my independence.

-Encouraged my family unity.

17. In general, what things contributed most to your satisfaction with the FEDP program?

-at my age, re-education/being involved with others

-counseling/school/job

-concerned people/refresher course helped/contact with business people

-the willingness of the staff to help me/the training in class room/job training

-being able to talk openly with the counselor

-the financial back up to help with acute (extra) expenses

-the group meeting that introduced us to our comrades

-the after hours availability of our counselors

-encouragement and support, finances/help in organizing my schooling and daycare

-educational expenses covered

-big brother for son

-the people that the counselor lined up to teach us how to deal with school, home etc/counselors readiness to help us whenever a problem arose/the time, that the counselor took with our children to make them feel they were a part of things

-the fact that, help was available

-the counseling with gaining self-confidence/the counselor's positive attitude and out look/the programs offered

-to have confidence in myself/that people do care about you/learning about the jobs and opportunities out there

-counseling/interested in me and my family/counselor was very informative

-contact with the counselor/counselor's help with schooling

-counselor and how she helped our family/the convenience of the counselor and site

-the counselor's concern, someone to confide in

-encouragement/good attitudes from the people we worked with, they are also very positive that things were getting better/they point you in a lot of new directions and helped us look for job and let us know if anyone was hiring, my husband went on a lot of jobs interviews and we are both working now.

-counselor's concern for me and my family/her knowledge of resources/the help I received with immediate problems, as well as with education and career plans.

-the constant reassurance from the counselor/the options and help that was given to us/just knowing that someone cared enough not to let us fall any farther behind/the close contact of the counselor also raised our self-esteem, which really helped.

-everything

-the program helped me to get my son to go back to school and to build his confidence up

-counselor concern and availability/support and motivation/activities provided

-attending fine arts/having a counselor available for my convenience

-ability of the counselor

-talk with people in the group/I could go to one of the counselors when needed

-help with childcare

-sharing common problems with others in group/talking about the various solutions to these problems/doing things together

-cultural events, workshops

-It gave me some experience in certain job skills/it helped me to be responsible/there was always something for me to do, I didn't have to wait around and do nothing.

-the way she explained things/she took me to get a job/she explained to me, how to act when going to get a job

-counselor allowed me to come to major decisions as to the best way to alleviate the discomforts of the rut, in which I found myself/she made arrangements for me to take a cultural outing, which was both informative and educational/she realized the grey areas in which I was not ready to make a change and did not attempt to unduly influence me, against my will.

-counseling/interested in me and my family/counselor was very informative

18. In general, what things contributed most to your dissatisfaction with the FEDP program?

-not long enough

-I felt we needed more classroom time for based learning

-the mad rush at first, it seemed very unorganized and discouraging/ the counselor being over worked, with no person who could help us

-not having another contact person, at times it was hard to contact

people

-workshops dealt with things therapy was already taking care of

-the program really hasn't helped me find employment

-I couldn't find a job that pays enough to support my family

-the counselor seemed somewhat prejudice toward the people who were off of DSS and the people who were still on it

-the total length of time was too short

-could have started earlier and continued through out the summer

-not long enough

-I feel that we, as a group should have participated more in doing things for a group

-not enough time together

-not enough organized meetings

19. Do you know what you and your family need to do to become economically independent?

NO: 1
YES: 35

If you answered YES to number 19, please write down what you need to do.

-we need to keep on our budget, we don't ever want to lose hope/if we get stuck in a rut, we can go back to furthering our education, which both of us have done through the encouragement of the FEDP program. Hopefully, FEDP will be around for years to help more less fortunate families, thank you!

-build up a stronger confidence in ourselves and sense of responsibility and attitude about life.

-have work with equitable reward

-to attend school, so I can get a better paying job, to work on the most important things first, safety, security, self worth

-work full time

-a job that pays more than $3.65 and hour/more training and schooling for both my husband and myself

-finish my bachelor degree program and obtain a job/may need to move to a more accessible location to get a job/to finish school, we may need to move nearer to school, which may mean leaving Dad home alone or else lose his seasonal job to come with us. I would like to work to help others through this program. I feel that it is only through programs such as this, will our nation decrease its welfare load. I would be willing to help. There should be more programs like this one!

-continue to do well in college, get my degree in Elem. Ed./ continue to take good care of myself and children have confidence in myself

-finish a semester of school and student teach in winter of 89, then I'm done.

-get a job that pays big bucks

-I need to write an effective resume and start looking for employment, as I will be done with classes this summer.

-finish our schooling

-we have reached the goal of being independent. I am now making decent wages and they are going up. Everything is going well now.

-how to handle self in an interview, how to look for work, how to dress

-continue working

-finish my schooling

-find a job, paying job with benefits

-we need to continue our educational career, so we can get a well paying job.

-just keep looking for better jobs, it is hard, but they are out there. If needed, get more education or training. Things get better, it just takes time.

-I need to get the best education I can, in my field

-I will be most effective and happy in working with impaired children. I need to make use of every resource available to me for both my education and finding employment, mostly I need to stay on the track until my goal is reached.

-spend more time talking with each other and doing more things together

-continue my education, set realistic goals, strive to achieve those goals, achieve set goals, be happy and successful

-get a better education

-find a job

-finish school and go to work

-I need a good paying job and to move from where I am at, then I'll be happy

-Being able to finish my education here/getting financial assistance, when my pell grant and loan run out for summer school and reducing my weight, so I'll be able to go into my chosen profession

-additional finances for housing (presently residing with relatives)

-I have started setting goals for me and my family. This way I will know that I have to put a little more effort into what I"m doing to reach my goals and make a better life for us

-Save money and work very hard to get what you want

-I need to continue to educate myself, I need to continue to safe guard the health of my family and myself as insurance against high, out of pocket medical costs/ to obtain better housing or consider the means for improving my present residence/need to be consistent

-continue working